



WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

**Principal School Medical
Officer**

1961



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STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—John A. Guy, M.D., D.P.H.

Deputy Principal School Medical Officer—R. J. K. Tallack, M.B., Ch.B.,
D.P.H. (Resigned 31-3-61).

I. S. Bailey, M.A., M.R.C.S., L.R.C.P., D.P.H. (Commenced
9-5-61).

Principal School Dental Officer—M. D. McGarry, L.D.S.

School Dental Officers—

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

G. Austin, B.D.S.

G Hutton, L.D.S. (Resigned 31-5-61).

D. J. Harrison, B.D.S. (Commenced 1-7-61).

Speech Therapist—Margaret Cade, L.C.S.T. (Commenced 1-9-61).

Audiometrician—Part-time: Mrs. V. I. Bielby.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. W. Hugh Morton, Consultant Chest Physician,
Chest Centre, Carlisle.

Dr. R. Douglas Young, Consultant Chest Physician,
Lancaster and Kendal.

Consulting Psychiatrist—Dr. R. C. Cunningham, Medical Superintendent,
Royal Albert Hospital, Lancaster.

County Hall, Kendal.

April, 1962.

To the Chairman and Members of the Education Committee.

ANNUAL REPORT FOR THE YEAR 1961.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1961.

This year the good health of the school population has been maintained. Infectious disease has been quiet on the whole. Unfortunately the infectious jaundice noticed in my report for 1960 is still with us and there are a few cases scattered throughout the county having no apparent connection with each other.

The number of school children showing a Positive reaction to the skin test for T.B. (Mantoux) still shows a decline and the table on page 12 will show this in greater detail. The use of Audiometry in ascertaining deafness and partial deafness amongst school children has been an important step forwards. Deafness is not a serious problem amongst schoolchildren in Westmorland but it is important to find those children who are suffering from deafness, to ascertain the cause, and where possible to cure or improve the condition and to provide improved means of education where necessary. Efforts towards this end have been made possible by means of an Audiometrician using an Amplivox sweep testing apparatus. Those children failing the test are retested later, and those still failing to pass, are referred to a special clinic run by a School Medical Officer and subsequently to a Consultant E.N.T. Specialist and where necessary to a special clinic at Preston operated under the aegis of Professor Ewing, Department of Education of the Deaf, Manchester University. The information on page 7 provides some interesting facts.

The detection of the various congenital and other heart disorders is proving of greater importance now that surgical methods of treatment are coming to the fore, so that whilst the number of children coming into this category are small, yet the importance of ascertaining them is increasing.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

Principal School Medical Officer.

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the county is designated, but the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles.

County Schools

Designation of Milk Supplied.	No. of Schools.
Tuberculin Tested ...	66
Pasteurised ...	37
	<hr/> 103
Number of schools taking milk in bulk...	20

Independent Schools

Tuberculin Tested ...	15
Pasteurised ...	4
Number of schools taking milk in bulk...	6

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically and out of 51 samples taken 3 failed to satisfy the Methylene Blue Test. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 19,124 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 94 compared with 107 during the previous year.

The following Table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent. of children found unclean.
1952	25,817	210	2.6%
1953	26,673	177	1.8%
1954	27,362	120	1.5%
1955	26,883	98	1.1%
1956	24,789	81	1.0%
1957	24,299	80	1.0%
1958	21,790	100	1.4%
1959	20,872	57	0.8%
1960	18,693	107	1.5%
1961	19,124	94	1.8%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

It is disappointing to have to report that, despite a reduction in the number of inspections, the number and percentage of children found verminous is the highest since 1953.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids were second in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 26 pupils were referred to hospital on account of nose and throat defects as a result of school medical inspection, evidence is available to show that no less than 103 children received operative treatment for this condition during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Ministry of Education is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking Medical Officers to record for each child seen at Periodic Inspection whether he or she has undergone the operation at any previous time. The figures observed in this County in 1961 are as follows:—

		No. examined.	No. who had had tonsillectomy.	Per- centage.
Entrants	...	782	20	2.5
Intermediate	...	788	127	16.1
Leavers	...	833	170	20.4
Others	...	229	34	14.8

These figures reflect a fall of approximately one-third in the percentage of Entrants who had had the operation, but the proportion of each of the other groups was slightly increased.

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness, infected sinuses. Twenty-six cases were referred during the past year compared with 16 in the previous year, due in large measure to the reference to hospital of a number of children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing ...	13
Frequent cold, sinusitis and catarrh ...	6
Enlarged tonsils and adenoids with other symptoms ...	4
Otitis Media ...	3

Speech Therapy

Number of children who have attended for Speech Therapy	...	...	...	...	73
Number of attendances made	...	...	...	...	632
Number of sessions held	...	...	...	...	112

About two-fifths of the time of the Speech Therapist is still devoted to work in Kendal, but clinics have also been started in Calgarth, Milnthorpe, Levens and Heversham, Orton, Appleby and Kirkby Lonsdale.

The lower figures as compared with the previous year are due entirely to the fact that we were without the services of a Speech Therapist for the first eight months of the year.

Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the county. This work is carried out by a member of the staff who is also employed in connection with the distribution of Welfare Foods, and although the Ministry of Health time-table for the submission of the Welfare Foods Quarterly Returns does not render this allocation of duties by any means ideal, it is felt that a valuable service is thereby provided.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there are unsatisfactory on account of noise etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the Test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below:—

Schools visited	...	...	...	...	20
Number of children sweep tested	...	...	...	...	2,076
Requiring further investigation	...	...	...	...	127

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist. Dr. R. C. Cunningham has continued to undertake this work, and he holds the clinic at the Friends' Meeting House, Kendal, as required.

Number of Clinics held during 1961	...	...	15
Number of attendances	...	...	28
Number of Cases	...	...	22

Minor Ailments

The minor ailments formerly dealt with at School Clinics are now seen but rarely in the schools, and such cases as do occur now usually attend their family doctor.

Skin Diseases

As will be seen from Table D on page 19, skin disease is now seldom observed amongst schoolchildren in the County and such cases as do occur are dealt with by the family doctor; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the installation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

School Clinics

The Ministry has requested that this Report should give the location and details of the sessions held at the School Clinics recorded in Part III of Table VII on page 24, and the relevant information is given below :—

Location.	Types of Clinics.		Frequency of Sessions
Stramongate Clinic			
Kendal	...	Dental treatment	...
		Ophthalmic examination	...
		Speech Therapy	...
			Daily except Mondays
Friends' Meeting House, Kendal	...	Child Guidance	...
			As required
U.D.C. Offices, Ambleside	...	Dental	...
			As required
Old First Aid Post, Appleby	...	Dental	...
			As required
Rugby Club, Kirkby Lonsdale	...	Speech Therapy	...
			Weekly

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

A small number of cases continued to be seen at the Out-Patient Clinics held by Dr. Bucknell at the Ethel Hedley Hospital and, by courtesy of the Cumberland Authority, at Penrith; the total cases known to have attended during the year being 65.

Number of children known to be attending other Out-Patient Departments :—

Westmorland County Hospital ...	...	Not available
Cumberland Infirmary, Carlisle	...	104

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of cases examined during the year was 26, of whom nine were recommended for admission to Special Schools for Educationally Subnormal Pupils.

In addition, six children were found to be ineducable and recommended for action under Section 57 (4), Education Act, 1944. Four children were found on examination not to require education in a special school, and thirteen were recommended for re-examination after a trial period. A copy of the report on each case is submitted to the Education Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The object of these examinations is to place the handicapped child in a school or class where he will receive special education calculated to make the best use of his limited capabilities, or to remove from school those children whose mental condition is such that they cannot benefit from any form of education, but whilst the numbers shown above represent the limit of these cases which can be dealt with by the present staff, they in no way represent the extent of the problem. The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

A most useful administrative change was brought about by the amendment of Section 57 of the Education Act, 1944 (provided in the Mental Health Act, 1959), under which an examination carried out under either Section 34 or Section 57 of the Act may form the basis of subsequent action under either of these Sections, i.e., by way of placing the child in a Special School or by recording the child as being unsuitable for education at school.

This avoids the irritating, confusing and time-consuming re-examinations previously required.

I am indebted to the Director of Education for the figures in Table VI on pages 21 and 22.

Diphtheria Immunisation

Immunisation against Diphtheria has, since 1948, been the responsibility of the County Council. The treatment is given either by the County Council medical staff or the general practitioners, at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a re-inforcing dose at five years old.

The success of these schemes may be judged from the fact that there were no cases of diphtheria notified among residents of the County for the fourteenth consecutive year. Details of children immunised during the year are given below :—

		Children born in years :						
							1952-1947-	
		1961	1960	1959	1958	1957	1956	1951 Totals
Primary								
Immunisation	...	288	456	79	25	18	73	45 984
Re-inforcing								
Injection	...	—	7	17	6	15	497	30 572

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 28 children made 354 attendances.

Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold sessions as required at the Stramongate School Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision ... 185

THE EDUCATION AREA

County of Westmorland :—

Area	...	...	...	...	504,917 acres.
Population (estimated mid-1961)	...	...	...	...	66,510
Estimated Product of 1d. Rate, 1961-62	...	...	...	...	£3,422
Number of Schools—Primary	...	...	...	...	91
Secondary	...	...	...	...	13
Nursery	...	...	...	...	1
Special	...	...	...	...	1

Number of Pupils (January, 1961)—

Primary	...	...	5,797
Secondary	...	...	4,064
Nursery	...	...	52
Special	...	...	39
			<hr/>
			9,952
			<hr/>

TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Now that non-pulmonary tuberculosis conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service, although there is good reason for the belief that the non-respiratory forms of the disease are becoming increasingly rare, due to a considerable extent to the improved milk supplies.

B.C.G. VACCINATION OF SCHOOLCHILDREN

Although B.C.G. Vaccination is a function of the County Council as Local Health Authority, it is reported here as the patients are schoolchildren and the work is carried out in the Schools.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53. This scheme was extended by Circular 7/59 to include also pupils over the age of fourteen years who are still at school, college or university.

Owing to the fact that the tests must be read at 72-hour intervals the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, Committee meetings, etc., nor clash with school holidays, functions and examinations, is still a matter of considerable difficulty, and is rendered possible only by the very ready co-operation of the vast majority of the Head Teachers.

The following table gives details of the work done under the scheme during 1961:—

Number Skin Tested.	Found Positive.	Vaccinated.
1322	142	1182

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following table:

Year.		Percentage of children found positive
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7

POLIOMYELITIS VACCINATION

This work is carried out under the direction of the Local Health Authority, but is reported here as a big proportion of the persons covered by the scheme are of school age.

The Poliomyelitis Vaccination Scheme announced by the Ministry of Health in January, 1956, had by the end of 1957 been extended to all children under the age of 15 years, to expectant mothers, and to persons born in the years 1933 to 1942, and it had been decided to give a third dose, not sooner than 7 months after the second.

During 1960 the arrangements were extended to include all persons under the age of forty years and in the middle of April, 1961, the Ministry announced that in future children between five and twelve years should be given a fourth dose, and asked that efforts be made to carry out this work before the summer season. Arrangements previously made prevented a commencement of this work before mid May but during the quarter ended 30th June, 635 first doses, 589 second doses, 1,557 third doses and 3,732 fourth doses, a total of 6,507 doses, were given, over 5,600 by the Council's staff, at schools and clinics. A further 3,000 doses were given in the succeeding quarter, by far the majority during July.

By the time the schools closed for the summer holiday every child due for a fourth dose had been given an appointment to receive it, and well over 90% of those involved had in fact had the treatment.

During the year a total of 1,426 children, born in or after 1943, received their first dose, 1,510 received their second, and on 31st December, 1961, there remained only 128 children whose treatment had not commenced. These were mostly babies, and in all cases the consent had been received very recently. Separate figures for children who had received their third dose are not kept, but it can be stated that everyone receives an appointment within a few weeks of their becoming due for this stage of the treatment; a total of 4,678 fourth doses were given to schoolchildren—in all 14,293 doses were given during the year, 10,645 of them by the Council's medical staff.

In the country areas particularly, it is only by using the schools as clinics that it is possible to deal with the numbers involved, with the staff available for this work. I would like to take this opportunity of repeating my thanks to the teachers for their ready co-operation in connection with the frequent visits to the schools to carry out the vaccination; in a very few cases it has been found necessary to carry out the work in local halls because of lack of accommodation at the school.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

I have the honour to present the Annual Report of the School Dental Service for the County of Westmorland for 1961. The statistical table is to be found on page 20.

Staff: Mr. G. Hutton resigned from his post as Assistant Dental Officer in May, and was replaced by Mr. D. J. Harrison in July. This gave an overall whole time equivalent of dental officers in post for the year of 3.9.

Dental Inspection and Treatment: Of a total of 9,739 schoolchildren in the County, 8,806 had a routine inspection, two schools due for inspection in December having to be carried forward into 1962 because of administrative difficulties.

In addition, 2,918 children attending 35 schools were re-inspected.

Of the other statistics, those meriting special mention are, the slight decrease in the number requiring treatment and the slight increase in those actually treated. Both these changes I feel can be attributed to the service providing regular dental attention.

Preventive Dentistry: The policy of the service has been the full employment of the energies of its officers in clinical duties and **individual** dental health education of the patient rather than the organisation of a campaign of dental health education through lectures, films and demonstrations.

The salient facts of good oral hygiene are presented annually to parents in leaflet form in conjunction with the consent to treatment form, and where these facts are obviously ignored the further attention of the parents concerned is drawn to their children's dental welfare.

This policy has borne good results. A general overall improvement, because of regular attention, can be seen in those children who avail of our service, and many of those who do not avail of the service appear to have become more dentally conscious, and in consequence more regular in their attendance with local dental practitioners. The numbers of persistent "non-attenders" either privately or with our service, have fallen considerably.

This policy is dependent on a full complement of dental officers, and unless recruitment of young dental officers to the Priority Dental Services shows a marked improvement, its long term future must be in doubt.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation, and the dental staff for another year's continuous effort on behalf of the School Dental Service.

M. D. McGARRY,

Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected			
		Satisfactory No.	% of Col. 2	Unsatisfactory No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	96	95	99.0	1	1
1956	511	511	100.0	—	—
1955	175	175	100.0	—	—
1954	42	42	100.0	—	—
1953	33	33	100.0	—	—
1952	37	37	100.0	—	—
1951	704	702	99.2	2	0.3
1950	84	84	100.0	—	—
1949	59	59	100.0	—	—
1948	25	25	100.0	—	—
1947	33	33	100.0	—	—
1946 and earlier	833	829	99.5	4	0.5
Total	2632	2625	99.7	7	0.3

B.—PUPILS FOUND AT PERIODIC INSPECTIONS TO
REQUIRE TREATMENT

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	—	7	7
1956	7	36	39
1955	7	16	19
1954	1	6	6
1953	3	1	3
1952	3	—	3
1951	36	28	57
1950	4	4	8
1949	4	2	6
1948	—	—	—
1947	3	2	5
1946 and earlier	35	12	46
Total	103	114	199

C.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	65
Number of Re-Inspections	...	...	...	4,012
				<hr/>
			Total	... 4.077
				<hr/>

TABLE D

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	19,124
(ii)	Total number of individual pupils found to be infested	...		94
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	...		7
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	...		Nil.

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1961.

A—PERIODIC INSPECTIONS.

		ENTRANTS		LEAVERS		Total (including other age groups)	
		Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation
4	Skin ..	1	19	—	20	9	33
5	Eyes—						
	a. Vision ..	16	33	54	115	103	204
	b. Squint ..	35	36	—	4	43	60
	c. Other ..	1	6	—	4	1	13
6	Ears—						
	a. Hearing ..	5	10	—	2	7	24
	b. Otitis Media ..	2	26	—	1	2	40
	c. Other ..	—	1	3	1	1	3
7	Nose and Throat	6	171	1	18	9	256
8	Speech ..	5	6	—	2	6	11
9	Lymphatic Glands ..	—	103	—	7	1	154
10	Heart ..	—	6	—	7	1	17
11	Lungs ..	1	33	—	7	1	54
12	Developmental—						
	a. Hernia ..	—	5	—	4	1	13
	b. Other ..	1	42	—	9	3	87
13	Othopaedic—						
	a. Posture ..	—	5	1	16	1	40
	b. Feet ..	3	81	2	50	8	227
	c. Other ..	5	36	2	38	17	117
14	Nervous system						
	a. Epilepsy ..	2	3	—	1	3	4
	b. Other ..	2	7	—	—	2	11
15	Psychological—						
	a. Develop- ment ..	—	5	—	—	—	9
	b. Stability ..	—	6	—	2	—	10
11	Abdomen ..	—	6	—	—	1	10
17	Other ..	1	19	2	10	7	58

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1961.

B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease	Requiring Treatment	Requiring Observation
4	Skin	—	—
5	Eyes—		
	(a) Vision	19	11
	(b) Squint	4	1
	(c) Other	—	—
6	Ears—		
	(a) Hearing	—	4
	(b) Otitis Media	—	1
	(c) Other	—	—
7	Nose and Throat	1	—
8	Speech	5	—
9	Lymphatic Glands	—	1
10	Heart	—	—
11	Lungs	—	—
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopædic—		
	(a) Posture	—	1
	(b) Feet	1	2
	(c) Other	—	3
11	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other	—	1
15	Psychological—		
	(a) Development	—	1
	(b) Stability	—	—
16	Abdomen	—	—
17	Other	1	7

PART III

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint	...	1
Errors of refraction, including squint	...	393
		<hr/>
Total	...	394
		<hr/>
Number of pupils for whom spectacles were prescribed	...	229

TABLE B.—DISEASES AND EFFECTS OF EAR, NOSE
AND THROAT

Number of cases known to have been treated:

Received operative treatment:—

(a) for diseases of the ear	...	4
(b) for adenoids and chronic tonsillitis	...	83
(c) for other nose and throat conditions...	...	16
Received other forms of treatment	...	35
		<hr/>
Total	...	138
		<hr/>

Total number of pupils known to have been
provided with hearing aids:—

(a) in 1961	...	3
(b) in previous years	...	18

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—

(a) Treated at clinics or out-patient departments	...	169
(b) Treated at school for postural defects	...	—
		<hr/>
Total	...	169
		<hr/>

TABLE D.—DISEASES OF THE SKIN (excluding Uncleanliness,
for which see Table D of Part I)

	Number of cases known to have been treated.		
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	—
Other skin diseases	3
			—
Total	...		3
			—

TABLE E.—CHILD GUIDANCE TREATMENT.

Number of pupils known to have been seen at Child Guidance						
Clinics	...	...	...	...	...	11

TABLE F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech						
Therapists	...	...	...	...	...	73

TABLE G.—OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:						
(a) Pupils with minor ailments	...	...	...	...	...	—
(b) Pupils who have received convalescent treatment under School						
Health Service arrangements	...	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	...	1,182
(d) Other:						
1. Chest conditions	...	...	...	...	...	72
2. Fractures and injuries	...	...	...	...	...	13
3. Miscellaneous Medical and Surgical conditions	...	...	...	...	...	3
						—
Total	...	...	...	...	...	1,270
						—

NOTE—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

PART IV

DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were inspected by the Authority's Dental Officers:—

(a) Periodic	...	...	...	...	8,806
(b) Specials	...	...	...	...	706
(c) Total (Periodic and Specials)	...	...	...	...	9,512

(2) Number found to require treatment ... 4,795

(3) Number offered treatment ... 3,841

(4) Number actually treated ... 3,729

(5) Attendances made by pupils for treatment (including orthodontic cases) ... 6,756

(6) Half-days devoted to	{	Inspection	...	124	}	Total	...	1,343
		Treatment	...	1,219				

(7) Fillings	{	Permanent Teeth	...	5,460	}	Total	...	6,148
		Temporary Teeth	...	688				

(8) Number of teeth filled	{	Permanent Teeth	...	4,585	}	Total	...	5,230
		Temporary Teeth	...	645				

(9) Extractions	{	Permanent Teeth	...	1,269	}	Total	...	3,182
		Temporary Teeth	...	1,913				

(10) Administration of general anæsthetic for extractions ... 815

(11) Orthodontics—

(a) Cases commenced during the year	...	...	28
(b) Cases carried forward from previous year	...	...	43
(c) Cases completed during the year	...	...	26
(d) Cases discontinued during the year	...	...	23
(e) Pupils treated with appliances	...	...	30
(f) Removable appliances fitted	...	...	34
(g) Fixed appliances fitted	...	...	—
(h) Total attendances	...	...	357

(12) Number of pupils supplied with artificial dentures ... 46

(13) Other operations	{	Permanent Teeth	...	800	}	Total	...	2,004
		Temporary Teeth	...	1,204				

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

In the Calendar Year:—									
A. Handicapped Pupils newly ascertained as requiring education at Special Schools or Boarding in homes ...									
(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Mal- adjusted	(9) Epi- leptic	(10) Total 1—9				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
—	—	—	—	—	—	15	—	—	15
—	—	—	—	—	—	4	—	—	4
Number of children reported during the Calendar year under Section 57 (4) of the Education Act 1944 ... 6									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	19	—	—	20
(ii) Number in (i) above who have not reached the age of five years—									
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
(iii) Number in (i) above who have reached the age of five years but whose parents had refused consent to their admission to Special School—									
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	5	—	—	5

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance)

Principal School Medical Officer: JOHN ALLAN GUY

Principal School Dental Officer: MICHAEL DESMOND McGARRY

	Number	Aggregate staff in terms of the equi- valent number of whole-time officers
Medical Officers	2	0.48
General Practitioners working part-time ...	1	0.4
Dental Officers	4	3.8
Speech Therapists	1	1.0
School Nurses	34	2.0
Number of above holding H.V. Cert. ...	19	—
Nursing Assistants	—	—
Dental Anæsthetist (part-time) ...	1	0.025
Dental Attendants	4	3.8

II.—NUMBER OF SCHOOL CLINICS (i.e., premises at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 9 + 2 Mobile Dental Units

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ...	—	—
B. Dental ...	5	—
C. Ophthalmic* ...	1	—
D. Ear, Nose and Throat ...	—	—
F. Pædiatric‡ ...	—	—
G. Speech Therapy ...	8	—
K. Sunray (U.V.L.) ...	3	—
Q. Vaccination and Immunisation ...	2	—
R. Audiology ...	1	—

*Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

‡Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority ... 1

Staff of Centres—	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists ...	1	0.0125
Educational Psychologists ...	1	0.1
Physchiatric Social Workers ...	Nil	Nil
Others (specify)		
Mental Health Workers ...	1	0.1

The Psychiatrist is made available by the Manchester Regional Hospital Board.

